

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/531743
FILING DATE
APPLICANT

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		1				
3		2		1		
4		1				
5	1		1			
6	1		1			
7	0		1			
8			1			
9			1			
10			1			
11			1			
12			1			
13			1			
14			1			
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50						
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	7	←	13	←		←
TOTAL CLAIMS	8		14			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓			↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						